

EXHIBIT I

CENTRAL NEW YORK PSYCHIATRIC CENTER <i>CORRECTIONS-BASED OPERATIONS MANUAL</i> ASSESSMENT	Date: 11/9/15	Policy # 1.0
	Supercedes: 5/22/14	Page (s): 1 of 3
Prepared by: Steve Gross, PsyD, Chief Psychologist Nichole Marioni, PhD, Chief Psychologist	Policy: Comprehensive Suicide Risk Assessment Process	
Approved By: Cabinet Medical Staff Executive Committee		

POLICY:

Documented data demonstrates that suicide risk exists within the forensic population. Therefore, CNYPC clinicians complete the ongoing process of Comprehensive Suicide Risk Assessment to ensure inmate-patient safety and timely interventions and to maximize positive inmate-patient outcomes. Upon entry into Reception, all inmates are assessed for suicide risk by OMH clinicians utilizing the Suicide Prevention Screening Guidelines and CNYPC Brief Mental Health Assessment. If an inmate is admitted to services, the clinician assesses and documents acute and chronic risk factors, protective factors, notes the presence or absence of warning signs (IS PATH WARM) of imminent suicide risk, and documents a plan of action to address any suicide risk identified. Results and recommendations from the suicide risk assessment are taken into consideration when developing and updating the treatment plan and in making the decision regarding whether to admit to a higher level of care.

REFERENCES:

The Joint Commission National Patient Safety Goal #15
IS PATH WARM mnemonic for warning signs of imminent suicide risk
(American Association of Suicidology, www.aas.org)
HOT FLAGS mnemonic for prison-based risk factors for imminent suicide risk

DEFINITIONS: **Warning Signs** – indicators of imminent suicidal behavior, summarized by the mnemonic **IS PATH WARM:**

I = Ideation - Threats, talk about death, dying, suicide
S = Substance Abuse - Increased use of alcohol, of drugs
P = Purposeless - Feeling like a failure, burden, no reasons for living
A = Anxiety - Agitation, restlessness, unable to sleep
T = Trapped - No options, no way out
H = Hopelessness - Defeated, no value to anyone, nobody cares
W = Withdrawal - From friends, family, sleeping all the time
A = Anger - Irritable, enraged, seeking revenge
R = Recklessness - Impulsive, risky activities
M = Mood Changes - Depressed, preoccupied, agitated, sudden calm

Prison-based suicide risk factors derived from CNYPC psychological autopsies (1993-2010):

H = Harassment/Threats - Real or perceived
O = Overwhelmed by Prison
T = Transfer – Pending or recent
F = Family Estrangement
L = Lost Relationship
A = Appeal/Parole/Court Hearing
G = Gang Threats
S = Sanctions – Tickets/SHU/loss of privileges

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PROCEDURE:

The Comprehensive Suicide Risk Assessment (CSRA) process begins at the time an OMH clinician screens an inmate or admits an inmate-patient to services. Suicide risk assessment is an on-going process from admission to discharge.

A. Screening Admission Note

The OMH clinician assesses the inmate-patient for suicide risk, including presence/absence of suicide warning signs (IS PATH WARM) and completes the Suicide Risk Assessment section in the Screening/Admission Note for each screening and upon admission to services.

B. Comprehensive Suicide Risk Assessment (CSRA) Form

The Primary Therapist completes the CSRA Form. Information is obtained from prior records/PSYCKES report (if available), the Screening Admission Note, Initial Psychiatric Progress Note, and any other available assessments along with information obtained via inmate-patient interview.

Time Frames:

A CSRA Form should be completed at the following times:

- **New Admission/Readmission:** Completed within 30 days
- **Unit-to-Unit Transfer:** Reviewed at the time of first clinical contact (within 14 days of transfer); a new form completed if clinically indicated
- **Return from CNYPC Inpatient:** Within 14 days
- **As clinically indicated:** That is, when significant changes occur relevant to suicide risk (e.g., new or strengthened risk factors such as disciplinary sanctions, different type or increased severity of self-harm, suicide attempt; loss of protective factors such as terminated relationship), or to an inmate-patient's Treatment Plan goal related to suicide (including the closing/discontinuing of a goal)

C. Treatment Planning

- At the time the Treatment Plan is developed, progress notes and the CSRA Form are reviewed for chronic and acute risk factors, protective factors, warning signs and recommendation/plan for addressing suicide risk. Treatment recommendations related to suicide risk are documented on the Treatment Plan.
- If the inmate-patient is at risk for suicide, this problem should be listed and incorporated into the Treatment Plan with goals, objectives and methods to include addressing dynamic risk factors and increasing protective factors to reduce overall suicide risk.
- The CSRA Form will be reviewed at each Treatment Plan Review (TPR). The review will be documented in the TPR identifying any changes to the CSRA Form and subsequent updates to treatment goals, objectives and methods, as indicated.

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D. Progress Notes:

Each time a Primary Therapist or Psychiatrist/Nurse Practitioner has a clinical contact with an inmate-patient, the presence of warning signs and/or changes in the risk and protective factors is assessed and documented in a Progress Note. A new CSRA Form is created with any new information or changes in any information previously documented on the form.

Primary Therapist

Suicide risk will be addressed on each formatted Primary Therapist Progress Note and RCTP Daily Progress Notes. Changes in risk or protective factors, discussion of warning signs, assessment of the inmate-patient's current functioning, and description of suicide risk-related treatment plan will be documented on the Primary Therapist Progress Notes and RCTP Daily Progress Notes.

Psychiatrist/ Nurse Practitioner

Suicide risk, any changes to the risk factors, protective factors and warning signs, and review of the CSRA Form will be documented in the structured Psychiatric Progress Note.

E. Discharge/Termination

An assessment of the inmate-patient's suicide risk is included in the Discharge Summary/or Termination Transfer Progress Note at the time of discharge or termination/transfer.

FORM(S):

Comprehensive Suicide Risk Assessment Form # MED CNY 486

Screening Admission Note Form #308 MED (MH)

Primary Therapist Progress Note Form # MED CNY 349

RCTP Daily Progress Note Form # MED CNYPC 360

SHU Mental Health Assessment Form # 107 MED CNYPC

Initial Psychiatric Progress Note # 355 MED CNYPC

Psychiatric Progress Note Form # 356 MED CNYPC

Termination Transfer Progress Note Form # 420 MED CNYPC

Discharge Summary Form # 340 MED CNYPC

Index Terms: Suicide Risk, Suicide Assessment, CSRA